

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: SUNBURST TROUT COMPANY

Permit: 4410-COMPOST-

ID: P1122

Facility Website (URL): WWW.SUNBURSTTROUT.COM

Physical Address		Mailing Address	
Street 1: <u>128 Raceway Place</u>		Street 1: <u>128 Raceway Place</u>	
Street 2: _____		Street 2: _____	
City: <u>CANTON</u>	County: <u>Haywood</u>	City: <u>CANTON</u>	
State: <u>North Carolina</u>	Zip: <u>28716</u>	State: <u>North Carolina</u>	Zip: <u>28716</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>CHRIS INMAN</u>		Name: <u>STEVE EASON</u>	
Phone: <u>(828) 648-3010</u>	Fax: <u>(828) 648-9279</u>	Phone: <u>(828) 648-3010</u>	Fax: <u>(828) 648-9279</u>
Email: <u>CHRIS@SUNBURSTTROUT.COM</u>		Email: <u>STEVE@SUNBURSTTROUT.COM</u>	

1. Tipping Fee: \$0.00 \_\_\_\_\_ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Please attach results of monthly temperature monitoring for the period of July 1, 2010 thru June 30, 2011.

3. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2010 thru June 30, 2011. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months."**

4. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	<input type="checkbox"/>			
Clean Wood	<input type="checkbox"/>			
Sawdust	<input type="checkbox"/>			
Wooden Pallets	<input type="checkbox"/>			
Food Waste	<input type="checkbox"/>			
Animal Waste	<input checked="" type="checkbox"/>	27.75	54.18	
Sludge and Biosolids	<input type="checkbox"/>			
Grease Trap Waste	<input type="checkbox"/>			
Animal Mortalities	<input type="checkbox"/>			
Sheetrock	<input type="checkbox"/>			
Commingled (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
<b>TOTAL</b>		27.75	54.18	

5. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch							
Grade A Compost	40	10	8	3	19		
Grade B Compost							
Other							
Other							
<b>TOTAL</b>	40	10	8	3	19		

6. Indicate waste received at this compost facility during the period of July 1, 2010, through June 30, 2011. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE if received from another state.

[illegible]

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

Grand Total	27.76
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If so, please report the date this occurred:

**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

**Please send your completed report to:**

Andrea Keller  
2090 US Highway 70  
Swannanoa, NC 28778  
phone: 828.296.4700 email: [Andrea.Keller@ncdenr.gov](mailto:Andrea.Keller@ncdenr.gov)

**CERTIFICATION:** I certify that the information provided is an accurate representation of the activity at this facility.

Signature: CHRIS INMAN

Digitally signed by CHRIS INMAN  
DN: cn=CHRIS INMAN, o=ou, email=chris@sunburst trout.com, c=US  
Date: 2011.07.27 17:15:15 -04'00'

Date: Jul 27, 2011

Name: CHRIS INMAN

**Title:** OPERATIONS MANAGER

Phone Number: (828) 648-3010

Email: CHRIS@SUNBURSTTROUT.COM



***Grower:*** Sunburst Fruit Company  
128 Raceway Pl.  
Canton, NC 28716

**Copies to:**

DECEMBER

AUG - 3 2011

**Page:**

# Waste Analysis Report

Received: 08/27/2010

Completed: 09/10/2010

### Links to Helpful Information

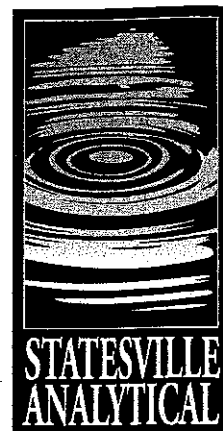
Haywood County

## SOLID WASTE SECTION

**ASHEVILLE REGIONAL OFFICE**

<b>Sample ID:</b> #3	<b>N</b>	<b>P</b>	<b>K</b>	<b>Ca</b>	<b>Mg</b>	<b>S</b>	<b>Fe</b>	<b>Mn</b>	<b>Zn</b>	<b>Cu</b>	<b>B</b>	<b>Mo</b>	<b>Cl</b>	<b>C</b>
<b>Total</b>	22472	15107	3808	25917	1945	3439	6911	209	229	17.3	20.1			409137
<b>Waste Code:</b> FCW	-NH4													
<b>Description:</b> Composted Waste - Other	-NO3													
	OR-N													
	Urea													
		Na	Ni	Cd	Pb	Al	Se	Li	pH	SS	C:N	DM%	GCER%	ALE(tons)
		1636							4.78	240	18.21	55.47		
<b>Recommendations:</b> <b>Application Method</b> Broadcast	<b>N</b>	<b>P</b>	<b>K</b>	<b>Ca</b>	<b>Mg</b>	<b>S</b>	<b>Fe</b>	<b>Mn</b>	<b>Zn</b>	<b>Cu</b>	<b>B</b>	<b>Mo</b>	<b>Cl</b>	<b>C</b>
	10.0	17.3	1.3	2.3	4.6	0.15	0.01	0.01	0.01	0.01	1.8			
<b>Sample Information</b>	<b>Nutrients Available for First Crop</b>	<b>lbs/ton (wet basis)</b>												
		<b>Other Elements</b>												
		Na	Ni	Cd	Pb	Al	Se	Li	pH	SS	C:N	DM%	GCER%	ALE(tons)
		1.8												
<b>Sample ID:</b> #4	<b>N</b>	<b>P</b>	<b>K</b>	<b>Ca</b>	<b>Mg</b>	<b>S</b>	<b>Fe</b>	<b>Mn</b>	<b>Zn</b>	<b>Cu</b>	<b>B</b>	<b>Mo</b>	<b>Cl</b>	<b>C</b>
<b>Total</b>	26917	12371	3855	21718	1219	3880	5110	156	199	16.8	15.3			435377
<b>Waste Code:</b> FCW	-NH4													
<b>Description:</b> Composted Waste - Other	-NO3													
	OR-N													
	Urea													
		Na	Ni	Cd	Pb	Al	Se	Li	pH	SS	C:N	DM%	GCER%	ALE(tons)
		1559							4.67	211	16.17	69.33		
<b>Recommendations:</b> <b>Application Method</b> Broadcast	<b>N</b>	<b>P</b>	<b>K</b>	<b>Ca</b>	<b>Mg</b>	<b>S</b>	<b>Fe</b>	<b>Mn</b>	<b>Zn</b>	<b>Cu</b>	<b>B</b>	<b>Mo</b>	<b>Cl</b>	<b>C</b>
	14.9	18.1	1.0	3.2	4.3	0.13	0.17	0.01	0.01	0.01	2.2			
<b>Sample Information</b>	<b>Nutrients Available for First Crop</b>	<b>lbs/ton (wet basis)</b>												
		<b>Other Elements</b>												
		Na	Ni	Cd	Pb	Al	Se	Li	pH	SS	C:N	DM%	GCER%	ALE(tons)
		2.2												
<b>Sample ID:</b> #5	<b>N</b>	<b>P</b>	<b>K</b>	<b>Ca</b>	<b>Mg</b>	<b>S</b>	<b>Fe</b>	<b>Mn</b>	<b>Zn</b>	<b>Cu</b>	<b>B</b>	<b>Mo</b>	<b>Cl</b>	<b>C</b>
<b>Total</b>	23364	14300	5032	24980	1213	3493	4432	156	167	14.0	13.9			430888
<b>Waste Code:</b> FCW	-NH4													
<b>Description:</b> Composted Waste - Other	-NO3													
	OR-N													
	Urea													
		Na	Ni	Cd	Pb	Al	Se	Li	pH	SS	C:N	DM%	GCER%	ALE(tons)
		2204							4.65	293	16.96	57.52		
<b>Recommendations:</b> <b>Application Method</b> Broadcast	<b>N</b>	<b>P</b>	<b>K</b>	<b>Ca</b>	<b>Mg</b>	<b>S</b>	<b>Fe</b>	<b>Mn</b>	<b>Zn</b>	<b>Cu</b>	<b>B</b>	<b>Mo</b>	<b>Cl</b>	<b>C&lt;/</b>

# Analytical Results



**Sunburst Trout Co.**

**For:**

128 Raceway Place

Canton

NC 28716

Entered 8/24/2010

Reported: 8/25/2010

Sample Remark

Sample ID	Parameter	Cust ID	Result	Units	Method	Date Analyzed	Analyst
100824-4.1	% Solids	Bin #3	64.1	%	SM2540B	8/24/10	CL
100824-4.1	Fecal Coliform MTF	Bin #3	<3	MPN/g	SM9221CE	8/24/10	CL
100824-4.2	% Solids	Bin #4	60.4	%	SM2540B	8/24/10	CL
100824-4.2	Fecal Coliform MTF	Bin #4	<3	MPN/g	SM9221CE	8/24/10	CL
100824-4.3	% Solids	Bin #5	60.2	%	SM2540B	8/24/10	CL
100824-4.3	Fecal Coliform MTF	Bin #5	<3	MPN/g	SM9221CE	8/24/10	CL

Respectfully submitted,

Dena Myers

NC Cert #440,

NCDW Cert #37755,

EPA NC00909

